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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:21

DOCUMENT # 747275 (6)

1. Corporation Name

R. D. KISINER CHAPTER #75, DISABLED AMERICAN VETERANS, INC.

Principal Place of Business	Mailing Address
1860 BOY SCOUT DR #207 FT MYERS FL 33907-2119	1860 BOY SCOUT DR #207 FT MYERS FL 33907-2119

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/21/1979
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-1918195 (Applied For / Not Applicable)
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SAUL B. KOURSE
4648 DELEON STREET
APT. J156
FORT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name: PREDKO, JOHN
82 Street Address (P.O. Box Number is Not Acceptable): 166 DOW LANE
83: N FT MYERS FL
84 City: FL 85 Zip Code: 33914

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: John F. Predko Commander DATE: Feb 14-95
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE	SVD	☐ Change ☒ Addition
NAME	BUTCHER, CLAUDIA	1.2 NAME	ELLIOTT, GERALD	
STREET ADDRESS	239 COLONIAL ROAD	1.3 STREET ADDRESS	202 NW 18 PL	
CITY-ST-ZIP	NORTH FT. MYERS FL	1.4 CITY-ST-ZIP	CAPE CORAL FL	
TITLE	SVD	2.1 TITLE	D	☒ Change ☐ Addition
NAME	MORAD, EDWARD	2.2 NAME		
STREET ADDRESS	3580 CENTRAL AVENUE, APT. 106	2.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE	CD	☒ Change ☐ Addition
NAME	PREDKO, JOHN	3.2 NAME		
STREET ADDRESS	166 DOW LANE	3.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH FT. MYERS FL	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE	T	☐ Change ☒ Addition
NAME	JAGGER, DOROTHY	4.2 NAME	CULLINGS, PHILIP	
STREET ADDRESS	4840 GOLF CLUB COURT, APT. 11	4.3 STREET ADDRESS	1120 SW 26 ST	
CITY-ST-ZIP	NORTH MYERS FL	4.4 CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VD	5.1 TITLE	S	☒ Change ☐ Addition
NAME	ARICK, CARL	5.2 NAME		
STREET ADDRESS	1005 PALM POINT LANE	5.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH FORT MYERS FL	5.4 CITY-ST-ZIP		
TITLE	T	6.1 TITLE	VD	☒ Change ☐ Addition
NAME	KOURSE, SAUL B.	6.2 NAME		
STREET ADDRESS	4648 DELEON STREET, APRT., J156	6.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Philip D. Cullings 2-14-95 813-772-3259
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0050487